# Mosaic Academy

## Mothers Day Out

## Enrollment

| | | |
|---|---|---|
| Child's Name: | | M: ☐ F: ☐ |
| Birth Date: | Age on Sept. 1: | |
| Home Address: | | Zip: |
| City: | Home Phone: | |
| Mom's Name: | Dad's Name: | |
| Mom's Cell: | Dad's Cell: | |
| Mom's Work Number: | Dad's Work Number: | |
| Special Needs/Allergies: | | |

*Please indicate the program(s) you are interested in: (Mark all that apply)*

TUESDAY & THURSDAY: ☐ 9:00 – 12:00
☐ 12:00 – 2:00 Extended Care

TUESDAY ONLY: ☐ 9:00 – 12:00
☐ 12:00 – 2:00 Extended Care

THURSDAY ONLY: ☐ 9:00 – 12:00
☐ 12:00 – 2:00 Extended Care

*Please list anyone who you will allow to pick up your child from MAMDO. This list will be used in an emergency if you cannot be reached. A driver's license will be needed in order to release your child.*

| | |
|---|---|
| Name: | Phone: |
| Name: | Phone: |
| Name: | Phone: |

**Medical Release:**

**In case of emergency, I give my permission for Mosaic Academy, Mother's Day Out to seek medical attention for my child _____.**

**In the event that hospital care is required, I prefer that treatment be sought at:**

**_____.**

**Every effort will be made to locate parents or emergency persons before any action is taken.**

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**Office Use Only:**

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|---|---|
| $30 Registration Fee: | |
| $50 Supply Fee: | |